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OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. COAST TO COAST MEDICAL EQUIPMENT, INC.  
(Corporation Name)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

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☒ Certified Copy

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☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

00 JAN 14 PM 12:35  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

NA  
10-1-01

00 JAN 13 AM 11:42  
RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATE FILING  
TALLAHASSEE, FLORIDA

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

January 13, 2000

LAZARUS

MIAMI, FL

SUBJECT: COAST TO COAST MEDICAL EQUIPMENT, INC.  
Ref. Number: W00000001152

We have received your document for COAST TO COAST MEDICAL EQUIPMENT, INC.. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6934.

Loria Poole  
Corporate Specialist

Letter Number: 800A00001976

RECEIVED  
00 JAN 14 AM 11:43  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

FILED  
00 JAN 14 PM 12:35  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

### ARTICLE I NAME

The name of the corporation shall be:

X ALL AROUND Medical Equipment, Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

242 SW 77 ST  
MIAMI, FL 33144

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

YAMIRA HERNANDEZ  
242 SW 77 ST  
MIAMI, FL 33144

**ARTICLE V INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

✓ Amy RA Hernandez  
242 SW 77 CT  
MIAMI, FL 33144

**ARTICLE VI DIRECTOR(S)**

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):

✓ Amy RA Hernandez  
242 SW 77 CT  
MIAMI, FL 33144  
President

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 11 day of JAN.



Signature

Signature

Signature

FILED  
00 JAN 14 PM 12:35  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATED TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.



REGISTERED AGENT